

Case Number:	CM15-0145812		
Date Assigned:	08/06/2015	Date of Injury:	05/31/2014
Decision Date:	09/03/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 64 year old female, who sustained an industrial injury on 5-31-14 Initial complaints were the result of a slip and fall resulting in pain in the right knee, neck and back. The injured worker was diagnosed as having lumbar disc protrusion with left leg radiculopathy; right wrist ganglion cyst. Treatment to date has included status post right knee arthroscopy debridement of meniscal tear; physical therapy; urine drug screening; medications. Diagnostics studies included MRI right knee (8-6-14); MRI lumbar spine (10-9-14); MRI right wrist (10-9-14). Currently, the PR-2 notes dated 6-8-15 indicated the injured worker complains of low back pain which she characterizes as a pain level of 6-7 out of 10. She notes night pain and stiffness in her low back. The pain is made better with medications and application of ice. It is worse with sitting and bending. She is unable to sit straight and has to lean to the right. The pain is reported radiating into the lateral thigh and leg with some numbness and tingling. On physical examination, the provider documents straight leg raise was positive on the left at 60 degrees and negative on the right. There was 5 out of 5 strength in the bilateral hip flexion, quads, anterior tibials; 4 out of 5 left EHL, 5 out of 5 EHL and 5 out of 5 bilateral gastroc. There is reported sensation intact throughout. Diagnostic finding documented by the provider was an MRI of the lumbar spine dated 10-9-14. It revealed a 4mm broad posterior and right foramina dis protrusion L4-5 which together mild facet arthropathy results in mild right neuroforaminal narrowing. A 3mm posterior central disc protrusion at T12-L1 indents the anterior thecal sac but does not result in significant spinal stenosis; Mild bilateral facet arthropathy at L4-5 and L5-S1. The provider documents the injured worker presented to his office on this date as an orthopedic

consultation at the request of her primary treating physician regarding her lumbar spine complaints. He is recommending a L4-L5 epidural steroid injection and follow-up visit. The provider is requesting authorization of Post Injection follow-up with MD.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Post injection follow up visit with MD: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the Official Disability Guidelines, post injection follow-up visit with MD is not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnoses are L4 - L5 4 mm bulging disc and left leg radiculopathy with subjective weakness and positive straightly rising. The date of injury is May 31, 2014. Request for authorization is July 10, 2015. The injured worker was referred to an orthopedic spine surgeon June 8, 2015 for an epidural steroid injection. The primary treating provider was treating the right knee and cervical spine. Presenting subjective complaints to the spine surgeon included low back pain 6-7/10. Pain radiated to the right thigh and leg. The documentation indicates the injured worker will return once the L4 - L5 epidural steroid injection is authorized. The documentation indicates the lumbar epidural steroid injection was not authorized. As a result, a follow-up post injection visit is not clinically indicated. Consequently, absent clinical documentation of an authorized L4 - L5 epidural steroid injection, post injection follow-up visit with MD is not medically necessary.